

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: ID
APPLICATION YEAR: 2007

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	APPLICANT IDENTIFIER
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER
5. APPLICANT INFORMATION			
Legal Name: Idaho Department of Health and Welfare Organizational DUNS: 82-520-14-86		Organizational Unit: Bureau of Clinical and Preventive Services	
Address (give city, county, state and zip code) PO Box 83720 450 W. State St., 4th Floor Boise, ID 83720 County: Ada		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Dieuwke A. Spencer Email: spencerd@idhw.state.id.us Tel Number: (208)334-5930 Fax Number: (208)332-7362	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">8</div><div style="border: 1px solid black; padding: 2px 5px;">2</div><div style="border: 1px solid black; padding: 2px 5px;">6</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">5</div></div>		7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">3</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">4</div></div> TITLE: Maternal and Child Health Services Block Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: MCH Health Care Services DUNS:82-520-14-86	
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): State of Idaho			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 10/01/2006	Ending Date: 09/30/2007	a. Applicant 1-2	b. Project 1-2
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 3,373,170.00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 0.00		
c. State	\$ 2,097,900.00		
d. Local	\$ 444,728.00		
e. Other	\$ 0.00		
f. Program Income	\$ 0.00		
g. TOTAL	\$ 5,915,798.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Richard M. Armstrong		b. Title Director	c. Telephone Number 208-334-5500
d. Signature of Authorized Representative		e. Date Signed	

Previous Editions Not Usable

Standard Form 424 (REV. 4-88)
Prescribed by OMB A-102

FORM 2
MCH BUDGET DETAILS FOR FY 2007

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: ID

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 1,011,951 (30 %)

B.Children with special health care needs:

\$ 1,446,295 (42.88 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 337,317 (10 %)

(The above figure cannot be more than 10%)[Sec. 504(d)]

\$ 3,373,170

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 2,097,900

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 444,728

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 2,141,219

\$ 2,542,628

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 5,915,798

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 0

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 21,244,235

h. AIDS: \$ 1,861,210

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

\$ 0

\$ 0

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 23,105,445

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 29,021,243

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: ID

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 3,387,761	\$ 3,362,496	\$ 3,373,170	\$ 0	\$ 3,373,170	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,000,000	\$ 1,952,561	\$ 1,800,000	\$ 0	\$ 2,097,900	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 1,540,821	\$ 569,311	\$ 729,878	\$ 0	\$ 444,728	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 5,928,582	\$ 5,884,368	\$ 5,903,048	\$ 0	\$ 5,915,798	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 26,883,255	\$ 30,003,702	\$ 10,256,182	\$ 0	\$ 23,105,445	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 32,811,837	\$ 35,888,070	\$ 16,159,230	\$ 0	\$ 29,021,243	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: ID

	FY 2002		FY 2003		FY 2004	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 3,325,763	\$ 3,381,284	\$ 3,381,284	\$ 2,666,211	\$ 3,373,876	\$ 3,612,848
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 2,494,323	\$ 1,802,366	\$ 2,535,963	\$ 600,250	\$ 1,830,000	\$ 1,805,000
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 733,597	\$ 0	\$ 1,399,409	\$ 700,407	\$ 904,636
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 160,000	\$ 185,010	\$ 160,000	\$ 0	\$ 195,000	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 5,980,086	\$ 6,102,257	\$ 6,077,247	\$ 4,665,870	\$ 6,099,283	\$ 6,322,484
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 21,652,694	\$ 28,904,161	\$ 25,415,660	\$ 23,590,372	\$ 30,060,000	\$ 28,787,067
9. Total <i>(Line11, Form 2)</i>	\$ 27,632,780	\$ 35,006,418	\$ 31,492,907	\$ 28,256,242	\$ 36,159,283	\$ 35,109,551
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2005
Field Note:
Spending is right at 10%.
2. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2005
Field Note:
The state match came in higher due to increased immunization district billings.
3. **Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2005
Field Note:
Local match was half of projected due to
4. **Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2004
Field Note:
Needed to increase local fund contribution because availability of state general fund was less than projected.
5. **Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2004
Field Note:
Program income is not needed to meet 75% match since it was met through local and state match.
6. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2005
Field Note:
Other federal funding sources such as WIC came in higher than projected.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: ID

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 436,249	\$ 367,331	\$ 381,837	\$ 0	\$ 381,837	\$ 0
b. Infants < 1 year old	\$ 1,090,307	\$ 1,443,244	\$ 1,421,096	\$ 0	\$ 1,427,557	\$ 0
c. Children 1 to 22 years old	\$ 1,953,696	\$ 2,222,920	\$ 2,044,780	\$ 0	\$ 2,027,431	\$ 0
d. Children with Special Healthcare Needs	\$ 1,540,665	\$ 1,212,485	\$ 1,422,657	\$ 0	\$ 1,446,295	\$ 0
e. Others	\$ 568,889	\$ 320,811	\$ 295,361	\$ 0	\$ 295,361	\$ 0
f. Administration	\$ 338,776	\$ 317,577	\$ 337,317	\$ 0	\$ 337,317	\$ 0
g. SUBTOTAL	\$ 5,928,582	\$ 5,884,368	\$ 5,903,048	\$ 0	\$ 5,915,798	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 0		\$ 0	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 17,744,363		\$ 1,747,383		\$ 21,244,235	
h. AIDS	\$ 2,081,601		\$ 1,888,722		\$ 1,861,210	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
ACF-TANF	\$ 0		\$ 1,400,000		\$ 0	
CDC-IMMUNIZATION	\$ 0		\$ 1,638,571		\$ 0	
CDC-STD	\$ 0		\$ 428,685		\$ 0	
CDC-WHC	\$ 0		\$ 1,523,132		\$ 0	
PHS-TITLE X	\$ 0		\$ 1,629,689		\$ 0	
ACF - TANF	\$ 1,100,000		\$ 0		\$ 0	
CDC - Immunization	\$ 1,767,802		\$ 0		\$ 0	
CDC - STD	\$ 431,229		\$ 0		\$ 0	
CDC - WHC	\$ 2,244,190		\$ 0		\$ 0	
PHS - Title X	\$ 1,514,070		\$ 0		\$ 0	
III. SUBTOTAL	\$ 26,883,255		\$ 10,256,182		\$ 23,105,445	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: ID

	FY 2002		FY 2003		FY 2004	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 351,659	\$ 136,122	\$ 298,646	\$ 251,509	\$ 226,154	\$ 282,368
b. Infants < 1 year old	\$ 978,036	\$ 1,166,161	\$ 1,083,613	\$ 531,683	\$ 1,371,204	\$ 1,467,855
c. Children 1 to 22 years old	\$ 2,070,622	\$ 1,911,485	\$ 1,931,603	\$ 1,152,946	\$ 2,026,582	\$ 2,121,058
d. Children with Special Healthcare Needs	\$ 2,000,763	\$ 2,275,117	\$ 2,115,128	\$ 2,155,602	\$ 1,751,236	\$ 1,797,530
e. Others	\$ 310,129	\$ 345,478	\$ 310,129	\$ 274,462	\$ 386,719	\$ 317,959
f. Administration	\$ 268,877	\$ 338,128	\$ 338,128	\$ 299,668	\$ 337,388	\$ 335,714
g. SUBTOTAL	\$ 5,980,086	\$ 6,172,491	\$ 6,077,247	\$ 4,665,870	\$ 6,099,283	\$ 6,322,484
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 0		\$ 0	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 205,228		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 17,747,383		\$ 18,357,000		\$ 22,239,500	
h. AIDS	\$ 1,250,586		\$ 1,987,000		\$ 2,417,700	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
CDC Immunization	\$ 0		\$ 0		\$ 3,443,600	
CDC STD	\$ 0		\$ 0		\$ 307,100	
Title X	\$ 901,372		\$ 1,420,660		\$ 1,652,100	
CDC - Immunization	\$ 0		\$ 3,261,000		\$ 0	
CDC - STD	\$ 0		\$ 390,000		\$ 0	
CDC-Immunization	\$ 1,163,979		\$ 0		\$ 0	
CDC-STD	\$ 384,146		\$ 0		\$ 0	
III. SUBTOTAL	\$ 21,652,694		\$ 25,415,660		\$ 30,060,000	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2005
Field Note:
Change in MCH director and changes with in the Bureau have resulted in an extended transition period.
2. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2004
Field Note:
More pregnant women were served proportionally than anticipated when compared to women over the age of 22 in the reproductive health program.
3. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2005
Field Note:
Change in MCH director and changes with in the Bureau have resulted in an extended transition period.
4. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2005
Field Note:
Change in MCH director and changes with in the Bureau have resulted in an extended transition period.
5. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2005
Field Note:
Change in MCH director and changes with in the Bureau have resulted in an extended transition period. Billing issues have been resolved which should improve budget management.
6. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2005
Field Note:
Change in MCH director and changes with in the Bureau have resulted in an extended transition period.
7. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2004
Field Note:
More pregnant women were served proportionally than anticipated when compared to women over the age of 22 (other category) in the reproductive health program.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: ID

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,837,651	\$ 1,845,726	\$ 2,026,502	\$ 0	\$ 2,009,502	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 1,887,000	\$ 32,529	\$ 53,000	\$ 0	\$ 64,112	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 362,000	\$ 3,061,537	\$ 2,881,878	\$ 0	\$ 2,918,928	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 841,931	\$ 944,576	\$ 941,668	\$ 0	\$ 923,256	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 5,928,582	\$ 5,884,368	\$ 5,903,048	\$ 0	\$ 5,915,798	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: ID

TYPE OF SERVICE	FY 2002		FY 2003		FY 2004	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,627,740	\$ 2,607,016	\$ 2,738,185	\$ 2,737,478	\$ 2,347,051	\$ 2,475,768
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 48,000	\$ 27,858	\$ 48,000	\$ 27,726	\$ 41,136	\$ 26,562
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,530,831	\$ 2,521,966	\$ 2,532,534	\$ 1,236,702	\$ 3,134,833	\$ 3,064,707
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 773,515	\$ 721,019	\$ 758,528	\$ 663,964	\$ 576,263	\$ 755,447
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 5,980,086	\$ 5,877,859	\$ 6,077,247	\$ 4,665,870	\$ 6,099,283	\$ 6,322,484

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2005
Field Note:
Change in MCH director and changes with in the Bureau have resulted in an extended transition period.
2. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2005
Field Note:
Change in MCH director and changes with in the Bureau have resulted in an extended transition period.
3. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2004
Field Note:
The Idaho Careline comprises the majority of block grant expenditures in the enabling services category. Careline's budget is set up on a cost allocation plan based on usage. The anticipated usage for FFY 2004 was greater than actual and this accounts for lower spending in this category compared to the budgeted amount.
4. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2005
Field Note:
Change in MCH director and changes with in the Bureau have resulted in an extended transition period.
5. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2005
Field Note:
Change in MCH director and changes with in the Bureau have resulted in an extended transition period.
6. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2004
Field Note:
The majority of the difference between the projected budget and actual expenditures in the infrastructure category can be accounted for in the genetics program. When the budget was projected for FFY 2004, the entire allocation was placed in the direct health care services category. The program has evolved to include broader educational services to health care providers in effort to improve the capacity to address general genetics in primary care settings. This allows the genetics clinics staffed by genetics physicians to focus on the more complex cases.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: ID						
Total Births by Occurrence: 22,526				Reporting Year: 2005		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	22,434	99.6	5	0	0	
Congenital Hypothyroidism	22,434	99.6	144	10	10	100
Galactosemia	22,434	99.6	3	1	1	100
Sickle Cell Disease	22,434	99.6	0	0	0	
Other Screening (Specify)						
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: Phenylketonuria_OneScreenNo
Row Name: Phenylketonuria
Column Name: Receiving at least one screen
Year: 2007
Field Note:
Any confirmed PKU cases receive immediate attention from the genetics program's nutritionist and genetics counselor. These staff, in conjunction with an Oregon metabolic specialist, begin treatment, schedule the family for a clinic visit, and follow the young patient carefully, monitoring monthly phe levels and communicating regularly with the family to provide education and guidance.
2. **Section Number:** Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease
Column Name: Confirmed Cases
Year: 2007
Field Note:
There were no sickle cell presumptive positives or confirmed positives in 2005.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: ID

Reporting Year: 2005

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	2,885	79.0		9.0	12.0	
Infants < 1 year old	22,529	30.0		60.0	10.0	
Children 1 to 22 years old	82,052	40.0		5.0	55.0	
Children with Special Healthcare Needs	218	7.0		23.0	70.0	
Others	29,151	20.0		10.0	70.0	
TOTAL	136,835					

FORM NOTES FOR FORM 7

Children with Special Healthcare Needs - Decrease is due to change of serving uninsured children only. This change was made in 2004. Year 2005 was a transition year.

FIELD LEVEL NOTES

None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: ID

Reporting Year: 2004

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	21,949	20,236	99	356	292	0	0	966
Title V Served	21,510	19,831	97	349	286	0	0	947
Eligible for Title XIX	6,296	6,071	30	107	88	0	0	0
INFANTS								
Total Infants in State	22,529	20,795	101	372	294	0	5	962
Title V Served	22,529	20,795	101	372	294	0	5	962
Eligible for Title XIX	23,406	21,605	105	387	305	0	5	999

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	18,515	3,155	279					
Title V Served	18,145	3,092	273					
Eligible for Title XIX	5,555	947	84					
INFANTS								
Total Infants in State	19,008	3,230	291					
Title V Served	19,008	3,230	291					
Eligible for Title XIX	19,748	3,356	302					

FORM NOTES FOR FORM 8

Unduplicated count by sub-categories not available. In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho mothers may select one or more of the following origins: Mexican/Mexican American/Chicana; Puerto Rican; Cuban; other Spanish/Hispanic/Latina.

FIELD LEVEL NOTES

- 1. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2007
Field Note:
2004: Total deliveries in state for births occurring in Idaho
- 2. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Asian
Row Name: Total Deliveries in State
Column Name: Asian
Year: 2007
Field Note:
Asian/Pacific Islander have been combined. Data are not available separately.
- 3. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Hawaiian
Row Name: Total Deliveries in State
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2007
Field Note:
Asian/Pacific Islander have been combined. Data are not available separately.
- 4. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2007
Field Note:
The method by which the number of title V served is multiplying the total number by .98. At least 98% of all infants have a newborn hearing and/or metabolic screen performed.
- 5. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2007
Field Note:
The method by which the number of title XIX served is multiplying the total number by .3. Approximately 30% of births are paid for by Medicaid.
- 6. Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2007
Field Note:
2004: Total infants in state for Idaho residents
- 7. Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2007
Field Note:
Title V Served arrived by all infants will be served by WIC or Immunization Program.
- 8. Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2007
Field Note:
Indicator in column A provided from HSCI #02 on Form 17. Race breakdown used from proportion in state census.
- 9. Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalNotHispanic
Row Name: Total Deliveries in State
Column Name: Total Not Hispanic or Latino
Year: 2007
Field Note:
Unduplicated count by sub-categories not available. In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho mothers may select one or more of the following origins: Mexican/Mexican American/Chicana; Puerto Rican; Cuban; other Spanish/Hispanic/Latina.
- 10. Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalHispanic
Row Name: Total Deliveries in State
Column Name: Total Hispanic or Latino
Year: 2007
Field Note:
Unduplicated count by sub-categories not available. In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho mothers may select one or more of the following origins: Mexican/Mexican American/Chicana; Puerto Rican; Cuban; other Spanish/Hispanic/Latina.
- 11. Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2007
Field Note:

Unduplicated count by sub-categories not available. In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho mothers may select one or more of the following origins: Mexican/Mexican American/Chicana; Puerto Rican; Cuban; other Spanish/Hispanic/Latina.

12. Section Number: II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_TotalHispanic

Row Name: Title V Served

Column Name: Total Hispanic or Latino

Year: 2007

Field Note:

Unduplicated count by sub-categories not available. In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho mothers may select one or more of the following origins: Mexican/Mexican American/Chicana; Puerto Rican; Cuban; other Spanish/Hispanic/Latina.

13. Section Number: II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_TotalNotHispanic

Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino

Year: 2007

Field Note:

Unduplicated count by sub-categories not available. In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho mothers may select one or more of the following origins: Mexican/Mexican American/Chicana; Puerto Rican; Cuban; other Spanish/Hispanic/Latina.

14. Section Number: II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2007

Field Note:

Unduplicated count by sub-categories not available. In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho mothers may select one or more of the following origins: Mexican/Mexican American/Chicana; Puerto Rican; Cuban; other Spanish/Hispanic/Latina.

15. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_TotalNotHispanic

Row Name: Total Infants in State

Column Name: Total Not Hispanic or Latino

Year: 2007

Field Note:

Unduplicated count by sub-categories not available. In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho mothers may select one or more of the following origins: Mexican/Mexican American/Chicana; Puerto Rican; Cuban; other Spanish/Hispanic/Latina.

16. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_TotalHispanic

Row Name: Total Infants in State

Column Name: Total Hispanic or Latino

Year: 2007

Field Note:

Unduplicated count by sub-categories not available. In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho mothers may select one or more of the following origins: Mexican/Mexican American/Chicana; Puerto Rican; Cuban; other Spanish/Hispanic/Latina.

17. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_TotalNotHispanic

Row Name: Title V Served

Column Name: Total Not Hispanic or Latino

Year: 2007

Field Note:

Title V Served arrived by all infants will be served by WIC or Immunization Program.

18. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_TotalHispanic

Row Name: Title V Served

Column Name: Total Hispanic or Latino

Year: 2007

Field Note:

Unduplicated count by sub-categories not available.

19. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalNotHispanic

Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino

Year: 2007

Field Note:

Data not available by sub-category

20. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2007

Field Note:

Data not available by sub-category

21. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_Mexican

Row Name: Eligible for Title XIX

Column Name: Mexican

Year: 2007

Field Note:

Data not available by sub-category

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: ID

	FY 2007	FY 2006	FY 2005	FY 2004	FY 2003
1. State MCH Toll-Free "Hotline" Telephone Number	211 or 800 926-2588	211 or 800 926-2588	800 926-2588 or 211	800 926-2588 or 211	(800) 926-2588
2. State MCH Toll-Free "Hotline" Name	Idaho CareLine	Idaho CareLine	Idaho CareLine	Idaho CareLine	Idaho CareLine
3. Name of Contact Person for State MCH "Hotline"	Patricia Williams	Patricia Williams	Patricia Williams	Patricia Williams	Patricia Williams
4. Contact Person's Telephone Number	208 287-1020	208 287-1020	208 334-5551	208 334-5551	(208) 334-5551
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	12,217	8,622	9,500

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: ID

	FY 2007	FY 2006	FY 2005	FY 2004	FY 2003
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

- 1. **Section Number:** Main
Field Name: hnumber_2
Row Name: State MCH toll-free hotline telephone number
Column Name: FY
Year: 2007
Field Note:

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2007
[SEC. 506(A)(1)]
STATE: ID

1. State MCH Administration:
(max 2500 characters)

The Bureau of Clinical and Preventive Services, Idaho Department of Health and Welfare, administers the Title V MCH grant. One organization structure changed this year -- the STD/AIDS Program was combined with the Reproductive Health Program to become one program. The programs directly supervised by the Idaho MCH Director include: Children's Special Health, Reproductive Health, Immunization, and Women, Infants & Children (WIC). The Title V funds support staff and/or programs in the Bureau of Community & Environmental Health (Injury Prevention and Oral Health), and the Bureau of Health Policy and Vital Statistics (Perinatal Analyst).

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 3,373,170
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 2,097,900
5. Local MCH Funds (Line 4, Form 2)	\$ 444,728
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 5,915,798

9. Most significant providers receiving MCH funds:

7 public health districts
St. Luke's Children's Hospital
Physicians from OR Health and Science University

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	2,885
b. Infants < 1 year old	22,529
c. Children 1 to 22 years old	82,052
d. CSHCN	218
e. Others	29,151

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

The Reproductive Health Program strives to reach hard-to-reach populations and works closely with the Migrant and Community Health Centers to assure access to care for Spanish-speaking women and teens. The CSHP Program has a positive working relationship with St. Luke's Children's Hospital and also works with Shriners hospital in Salt Lake City and Spokane, Washington for referral of patients. The Genetics Services Program works closely with the Oregon Health Sciences University to provide Board Certified Genetics specialists to staff genetics clinics and counseling. The CSHP Program now has staff in place to provide expert metabolic disease for PKU and other nutrition counseling.

b. Population-Based Services:
(max 2500 characters)

WIC/Immunization Linkage is a collaboration between the two programs on a statewide basis in which all WIC clients 0-24 months of age are screened for immunization status and those not up to date are referred to their health care provider. The Injury Prevention Program contracts with the district health departments in a child safety seat, seat belt education campaigns. child safety seats are distributed.

c. Infrastructure Building Services:
(max 2500 characters)

cut and paste from last years grant

12. The primary Title V Program contact person:

Name	Dieuwke A. Spencer, RN, MHS
Title	Chief, Bureau of Clinical & Preventive Services
Address	450 West State Street
City	Boise
State	Idaho
Zip	83720
Phone	208-334-5930
Fax	208-332-7307

13. The children with special health care needs (CSHCN) contact person:

Name	Brett Harrell
Title	Manager, Childrens Special Health, Newborn Screening
Address	450 West State Street
City	Boise
State	Idaho
Zip	83720
Phone	208-334-5963
Fax	208-3334-6581

Email spencerd@idhw.state.id.us
Web _____

Email harrellb@idhw.state.id.us
Web _____

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)]
STATE: ID

Form Level Notes for Form 11

NIS data for Calendar Year 2005 is not available until August, 2006.

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective			100	100	100
Annual Indicator	99.3	97.3	95.0	100.0	100.0
Numerator	20,537	20,404	19	16	28
Denominator	20,686	20,965	20	16	28
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2003

Field Note:

In 2003 one child had a mild form of a condition and needed no treatment and one child the date of treatment initiation is unknown.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	<u> </u>	<u> </u>	<u> 60 </u>	<u> 60 </u>	<u> 60 </u>
Annual Indicator	<u> </u>	<u> 57.2 </u>	<u> 57.2 </u>	<u> 57.2 </u>	<u> 57.2 </u>
Numerator	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Denominator	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	<u> 60 </u>	<u> 60 </u>	<u> 60 </u>	<u> 60 </u>	<u> 60 </u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

2. Section Number: Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

3. Section Number: Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective			50	52	52
Annual Indicator		49.1	49.1	49.1	49.1
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	52	52	52	52	52
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

2. Section Number: Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

3. Section Number: Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective				60	60
Annual Indicator		53.3	53.3	53.3	53.3
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	60	60	60	60	60
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.
- Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2004
Field Note:
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
- Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2003
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective			77	80	80
Annual Indicator		75.2	75.2	75.2	75.2
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>80</u>	<u>80</u>	<u>80</u>	<u>80</u>	<u>80</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

2. Section Number: Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

3. Section Number: Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	<u> </u>	<u> </u>	<u> </u> 6	<u> </u> 6	<u> </u> 6
Annual Indicator	<u> </u>	<u> </u> 5.8	<u> </u> 5.8	<u> </u> 5.8	<u> </u> 5.8
Numerator	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Denominator	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u> </u> 6	<u> </u> 6	<u> </u> 6	<u> </u> 6	<u> </u> 6
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

2. Section Number: Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

3. Section Number: Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>74</u>	<u>76</u>	<u>77</u>	<u>80</u>	<u>81</u>
Annual Indicator	<u>70.2</u>	<u>69.4</u>	<u>79</u>	<u>80.8</u>	<u>79</u>
Numerator	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Denominator	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>82</u>	<u>83</u>	<u>84</u>	<u>85</u>	<u>86</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2005
Field Note:
NIS data for CY 2005 is not available until August, 2006.
- Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2004
Field Note:
The percentage comes for the National Immunization Survey. No numbers are given as to how many were surveyed or how many are completely immunized.
- Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2003
Field Note:
The percentage comes for the National Immunization Survey. No numbers are given as to how many were surveyed or how many are completely immunized.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	24.9	17	16	15	14
Annual Indicator	19.0	18.4	17.5	16.8	
Numerator	604	582	545	525	
Denominator	31,718	31,561	31,176	31,340	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	13	12	11	11	11
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2005

Field Note:

Data will be available September 2006.

2. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2004

Field Note:

Data from Idaho birth certificate data available due to revisions in birth certificate for 2004. Data will be available September 2005.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	50	50.5	60	62	64
Annual Indicator	53.6	59.7	49.9	50.1	55.7
Numerator	10,361	11,430	9,426	370	10,315
Denominator	19,332	19,147	18,890	739	18,527
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	66	68	70	72	72
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data Source 2005 Smile Survey

2. Section Number: Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data is from a survey of every third grade class in Idaho Falls school district # 91. State representative data will be available in 2005 from the Idaho State Smile Survey.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	7.1	5	5	4.5	4
Annual Indicator	5.6	5.6	6.8	5.5	4.9
Numerator	17	17	21	17	15
Denominator	305,087	305,614	307,803	308,270	308,270
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	4	4	4	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

2. **Section Number:** Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2004

Field Note:

Idaho mortality database not finalized because not all out of state deaths certificates have been received. Data will be available September 2005.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2005

Field Note:

2005 CDC National Immunization Survey data is not currently available. 2004 survey data showed 50.3% of mothers breastfed at six months of age.

PERFORMANCE MEASURE RETIRED 11

Percentage of mothers who breastfeed their infants at hospital discharge.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>72.6</u>	<u>72.7</u>	<u>75</u>	<u>76</u>	<u>77</u>
Annual Indicator	<u>74.6</u>	<u>74.3</u>	<u>73.6</u>	<u>73.1</u>	<u>72.5</u>
Numerator	<u>13,483</u>	<u>13,666</u>	<u>13,961</u>	<u>14,406</u>	<u>14,731</u>
Denominator	<u>18,076</u>	<u>18,398</u>	<u>18,977</u>	<u>19,703</u>	<u>20,324</u>
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>78</u>	<u>79</u>	<u>80</u>	<u>81</u>	<u></u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	80	82.5	100	100	100
Annual Indicator	91.4	96.8	93.9	94.2	98.2
Numerator	16,798	18,275			21,213
Denominator	18,383	18,886			21,606
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data not available for 2005.

2. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2004**Field Note:**

Note: Responses indicating that the baby was tested after hospital discharge or that the baby was not born at a hospital but was tested were not included in the numerator and "Unsure" responses and responses with no data for that question were not included in the denominator.

Note: PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho.

PRATS data showing only the indicator.

3. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2003**Field Note:**

PRATS data showing only the indicator.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	12.2	12.1	12	12	12
Annual Indicator	13	13	13	13	13.0
Numerator					19,177
Denominator					147,366
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	12	12	12	12	12
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 CPS data not available.

2. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2004**Field Note:**

2004 CPS data not available.

3. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data is from the Current Population Survey by the US Census Bureau for the years 2000-2001
 Could not find numerator and denominator.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator					28.9
Numerator					5,240
Denominator					18,137
Is the Data Provisional or Final?					Provisional

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	26	24	22	20	18
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	8	8	8	7	7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2005
Field Note:
2005 data available in September 2006.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	16.7	20	19	13	12
Annual Indicator	21.3	13.7	13.8	13.8	
Numerator	24	15	15	15	
Denominator	112,936	109,671	108,796	108,840	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	11	10	9	9	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

2. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2004

Field Note:

Idaho mortality database not finalized because not all out of state deaths certificates have been received. Data will be available September 2005.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	58.6	65	66	75	75
Annual Indicator	59.5	65.7	72.8	99	
Numerator	119	132	142		
Denominator	200	201	195		
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	75	75	75	75	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2005**Field Note:**

Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure.

2. Section Number: Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2004**Field Note:**

Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure. 99 was entered to allow form to be saved.

3. Section Number: Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data for very low birth babies born at high-risk facilities are based on Idaho resident births in Idaho. Idaho does not receive hospital name for out of state births, therefore designation of high-risk facilities for babies born out of state is not available. Numerator is based on births to Idaho residents in Idaho and denominator is based on Idaho resident births.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	80.7	80.8	83	84	85
Annual Indicator	81.9	82.1	81.3	71.9	
Numerator	15,807	16,710	17,091	15,455	
Denominator	19,309	20,362	21,012	21,502	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	86	87	88	88	88
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2005
Field Note:
 2005 data not available until September 2006.
- Section Number:** Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2004
Field Note:
 in 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on data of first prenatal visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record.
- Section Number:** Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2003
Field Note:
 Data re based on records with known data for prenatal care and are for Idaho resident births.

STATE PERFORMANCE MEASURE # 1

Percent of mothers who were screened for post partum depression within one month following delivery.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator				0	0
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	75	75	80	80	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2005**Field Note:**

No screening data is available at this time. Questions for the PRATS survey are being developed to capture this data.

2. Section Number: State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2004**Field Note:**

No data is available at this time.

STATE PERFORMANCE MEASURE # 2

The percent of Medicaid and SCHIP children ages 1 and 2 that received the expected number of EPSDT screens.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator					70.5
Numerator					16,834
Denominator					23,865
Is the Data Provisional or Final?					Final

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	75	80	81	82	83
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 3

Percent of 9th - 12th grade students that report having engaged in sexual intercourse.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 YRBS Survey Data available in June 2006.

2. Section Number: State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2004**Field Note:**

YRBS survey not completed in 2004.

3. Section Number: State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data Source YRBS survey. Numerator/Denominator not available.

STATE PERFORMANCE MEASURE # 4

Percent of 9th – 12th grade students who used any type of tobacco in the past 30 days

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator			17.8	14	14
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 YRBS data available in June 2006.

2. Section Number: State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2004**Field Note:**

The Idaho Child Mortality Review Team has been disbanded. A summary of their 5 years of work will be developed as a final document produced by the team. Essentially the first few years of reviews identified areas for improvement and as such recommendations were made. In the most recent year or two, the team believed they were basically reviewing similar types of deaths and that recommendations were just being repeated.

The manner in which the data was being reported in 1999 compared to 2000 and 2001 is the reason the rate of review had declined. All the deaths are reviewed by a subcommittee of the team, but only those that are believed to have been preventable are reviewed in detail by the entire team. These preventable deaths, such as homicide, suicide, and SIDS, were the only ones reported as reviewed in 2000 and 2001. The objective is still correct in the sense that 100% of all those eligible for review were in fact reviewed.

This measure will be replaced next year following completion of the 5 year needs assessment.

3. Section Number: State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2003**Field Note:**

The Idaho Child Mortality Review Team has been disbanded. A summary of their 5 years of work will be developed as a final document produced by the team. Essentially the first few years of reviews identified areas for improvement and as such recommendations were made. In the most recent year or two, the team believed they were basically reviewing similar types of deaths and that recommendations were just being repeated.

The manner in which the data was being reported in 1999 compared to 2000 and 2001 is the reason the rate of review had declined. All the deaths are reviewed by a subcommittee of the team, but only those that are believed to have been preventable are reviewed in detail by the entire team. These preventable deaths, such as homicide, suicide, and SIDS, were the only ones reported as reviewed in 2000 and 2001. The objective is still correct in the sense that 100% of all those eligible for review were in fact reviewed.

This measure will be replaced next year following completion of the 5 year needs assessment.

STATE PERFORMANCE MEASURE # 5

Percent of pregnant women who received dental care during pregnancy.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator				39.4	
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available.

2. Section Number: State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2004**Field Note:**

Responses with unknown data were not included in the denominator.

Note: PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho.

STATE PERFORMANCE MEASURE # 6

Percent of Medicaid and SCHIP children who are fully immunized by age 2.

	Annual Objective and Performance Data				
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator					80
Numerator					
Denominator					
Is the Data Provisional or Final?					Provisional

	Annual Objective and Performance Data				
	2006	2007	2008	2009	2010
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2005

Field Note:

Data is an estimate from IRIS data.

2. **Section Number:** State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2004

Field Note:

Data is from a survey of all kindergarten classes in Idaho Falls school district # 91. State representative data for children age 5 years will be available in 2005 from Idaho State Smile Survey of kindergarten students and in 2006 from Head Start Smile Survey.

STATE PERFORMANCE MEASURE # 7

Percent of 9th – 12th grade students that are overweight.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective					
Annual Indicator			7.4		7.2
Numerator					
Denominator					
Is the Data Provisional or Final?					Provisional

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 YRBS survey data available in June 2006.

2. Section Number: State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2004**Field Note:**

YRBS survey not performed in 2004.

3. Section Number: State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data Source YRBS, numerator/denominator not available.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: ID

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>
Annual Indicator	<u></u>	<u>6.1</u>	<u>6.3</u>	<u>6.2</u>	<u></u>
Numerator	<u></u>	<u>127</u>	<u>138</u>	<u>139</u>	<u></u>
Denominator	<u></u>	<u>20,973</u>	<u>21,794</u>	<u>22,529</u>	<u></u>
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>
Annual Indicator	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Numerator	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Denominator	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2005
Field Note:
 2005 data not available until September 2006.
- Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2004
Field Note:
 Indicator provided is a provisional estimate.

Data from Idaho birth certificate data not available due to revisions in birth certificate for 2004. Data will be available September 2005.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	0	0	0	0	2
Annual Indicator		1.6	1.5	1.6	
Numerator		9.8	9.6	9.9	
Denominator		6.1	6.2	6.1	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2005
Field Note:
2005 data not available until September 2006.

2. **Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2004
Field Note:
Indicator provided is a provisional estimate.

Data from Idaho birth certificate data not available due to revisions in birth certificate for 2004. Data will be available September 2005.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2001	2002	2003	2004	2005
Annual Performance Objective	4.5	4.5	4.5	4.5	3.9
Annual Indicator		4.0	3.8	4.0	
Numerator		84	82	89	
Denominator		20,973	21,794	22,529	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	3.9	3.9	3.9	3.9	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

2. Section Number: Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data from Idaho birth and death certificate data not available. Data will be available September 2005.

Indicator provided is a provisional estimate.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2001	2002	2003	2004	2005
Annual Performance Objective	2.5	2.5	2.5	2.5	2.5
Annual Indicator		2.1	2.6	2.2	
Numerator		43	56	50	
Denominator		20,973	21,794	22,529	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	2.5	2.5	2.5	2.5	2.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

2. Section Number: Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data from Idaho birth certificate data not available due to revisions in birth certificate for 2004. Data will be available September 2005.

Indicator provided is a provisional estimate.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	9.7	9.6	9.5	9.4	9.3
Annual Indicator		7.9	8.0	8.6	
Numerator		167	175	194	
Denominator		21,069	21,901	22,642	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	9	9	9	9	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

2. Section Number: Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data from Idaho birth and death certificate data not available due to revisions in birth certificate for 2004. Death data have not been finalized Data will be available September 2005.

2004 indicator provided is a provisional estimate.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

	<u>Annual Objective and Performance Data</u>				
	2001	2002	2003	2004	2005
Annual Performance Objective	28.2	28.1	28	27.9	27.8
Annual Indicator		22.4	25.4	26.5	
Numerator		64	73	76	
Denominator		285,388	287,714	287,238	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	25	25	25	25	25
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

2. Section Number: Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2004**Field Note:**

Idaho mortality database not finalized because not all out of state deaths certificates have been received. Data will be available September 2005.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: ID

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 11

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: ID FY: 2007

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Pregnant Women and Children: Increase awareness of Medicaid programs for pregnant women and children across provider and community networks.
2. Perinatal Depression: Identify screening tools and work with state professional groups and the regional perinatal coalitions to develop mechanisms to assure appropriate use of the tools and availability of referral resources for perinatal depression.
3. EPSDT screenings: Develop strategies to assure that EPSDT screenings and follow up are occurring as appropriate for all infants, children and adolescents.
4. Adolescents: Assess the adolescent population risk behaviors and design interventions to target this population with input from teenagers and parents of targeted groups.
5. CSHCN: Strengthen the existing care coordination system and access to specialty care to address the complex care needs of all CSHCN.
6. Cultural Competency: Improve cultural competency across all programs that work with the Maternal and Child Health population.
7. Dental Health: Increase the awareness of the need for dental care during pregnancy and increase the number of women who seek dental care during pregnancy.
8. Health Education: Strengthen health education in the public schools, including developing strategies to assure that school health educators receive up to date training on health topics.
9. Systems Development: Develop and strengthen existing system collaboration efforts that focus on defined outcomes for the MCH population.
10. Overweight and obesity: Develop and implement strategies to reduce the problem of overweight and obesity among school age children.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: ID

APPLICATION YEAR: 2007

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	State to State consultation from a State with a "model" CSHCN program.	Idaho is in the process of transitioning away from being a payor of health care CSHCN to focusing o systems issues.	We would like a recommendation from MCHB based on experience with other states.
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: ID

SP # 1

PERFORMANCE MEASURE:

Percent of mothers who were screened for post partum depression within one month following delivery.

STATUS:

Active

GOAL

To increase the number of pregnant women who either are depressed or are at risk for depression that are identified and referred for help.

DEFINITION

Numerator:

Number of new mothers who were screened for depression within one month following delivery.

Denominator:

Number of new mothers who were surveyed.

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Idaho's Pregnancy Risk Assessment Tracking System

SIGNIFICANCE

In 2001, 40.2% of mothers resported mild depression sometime during the first 3 months following delivery of their child. 14.8% reported moderate depression and 6.0% reported being very depressed. Postpartum depression disorders occur in as many as 85% of women. These may range from baby blues to severe depression in up to 15% of these women. Postpartum depression usually presents 2-3 weeks following delivery, but signs may occur during pregnancy, as early as 28 weeks. A concern is that the patient's care provider may not acknowledge that she has a problem and some physicians still do not believe perinatal depressions exists. Currently there is a lack of health care providers to address the mental health needs of pregnant women and those suffering from postpartum depression. Work needs to be done to establish a referral network so that when a provider identifies a patient they have someone to send the woman to for help.

SP # 2

PERFORMANCE MEASURE:

The percent of Medicaid and SCHIP children ages 1 and 2 that received the expected number of EPSDT screens.

STATUS:

Active

GOAL

To improve the health of children who may be at high risk for poor health.

DEFINITION

Numerator:

Number of Medicaid and SCHIP 1 and 2 year old children that received the expected number of EPSDT screens.

Denominator:

Number of Medicaid and SCHIP 1 and 2 year old children that are eligible for EPSDT screening.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Idaho Medicaid

SIGNIFICANCE

Children of families who are lower income tend to be at higher risk for health issues resulting from various factors such as poor nutrition. EPSDT screening is method for early identification and intervention for these children.

SP # 3

PERFORMANCE MEASURE:

Percent of 9th - 12th grade students that report having engaged in sexual intercourse.

STATUS:

Active

GOAL

Reduce the number of teens that are infected with an STD and/or experience an unplanned pregnancy.

DEFINITION

Numerator:

Number of 9th – 12th grade students who had sexual intercourse

Denominator:

Number of 9th – 12th grade students surveyed

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

25-11.

Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active to 95%.

DATA SOURCES AND DATA ISSUES

Idaho Youth Behavioral Risk Factor Survey.

SIGNIFICANCE

Unintended pregnancies and sexually transmitted diseases (STDs), including infection with the human immunodeficiency virus that causes AIDS, can result from unprotected sexual behaviors. Abstinence is the only method of complete protection. Condoms, if used correctly and consistently, can help prevent both unintended pregnancy and STDs. Half of all pregnancies in the United States are unintended; that is, at the time of conception the pregnancy was not planned or not wanted. Unintended pregnancy rates in the United States have been declining. The rates remain highest among teenagers, women aged 40 years or older, and low-income African American women. Approximately 1 million teenage girls each year in the United States have unintended pregnancies. Nearly half of all unintended pregnancies end in abortion. Sexually transmitted diseases are common in the United States, with an estimated 15 million new cases of STDs reported each year. Almost 4 million of the new cases of STDs each year occur in adolescents. Women generally suffer more serious STD complications than men, including pelvic inflammatory disease, ectopic pregnancy, infertility, chronic pelvic pain, and cervical cancer from the human papilloma virus. African Americans and Hispanics have higher rates of STDs than whites. According to the 2003 Idaho YRBSS, 36.4% of 9th - 12th grade students reported having sexual intercourse.

SP # 4

PERFORMANCE MEASURE:

Percent of 9th – 12th grade students who used any type of tobacco in the past 30 days

STATUS:

Active

GOAL

To reduce the number of teens that try tobacco for the first time and prevent ongoing use.

DEFINITION

Numerator:

Number of 9th – 12th grade students who used any type of tobacco in the past 30 days

Denominator:

Number of 9th – 12th grade students Surveyed

Units: **Text:** 0

HEALTHY PEOPLE 2010 OBJECTIVE

27-2b.

Reduce cigarette smoking by adolescents to 10%.

DATA SOURCES AND DATA ISSUES

Idaho Youth Risk Behavior Surveillance system.

SIGNIFICANCE

Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking results in more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires—combined. Tobacco-related deaths number more than 430,000 per year among U.S. adults, representing more than 5 million years of potential life lost. Direct medical costs attributable to smoking total at least \$50 billion per year. In 1999, 35 percent of adolescents were current cigarette smokers. In 1998, 24 percent of adults were current cigarette smokers. Adolescent rates of cigarette smoking have increased in the 1990s among white, African American, and Hispanic high school students after years of declining rates during the 1970s and 1980s. In 1999, 39 percent of white high school students currently smoked cigarettes compared with 33 percent for Hispanics and 20 percent for African Americans. Among African Americans in 1999, only 19 percent of high school girls, compared with 22 percent of boys, currently smoked cigarettes. According to the 2003 Idaho YRBSS, 17.8% of 9-12 graders reported using tobacco products within the last 30 days.

SP # 5

PERFORMANCE MEASURE:

Percent of pregnant women who received dental care during pregnancy.

STATUS:

Active

GOAL

To increase the number of pregnant women of receive at least one dental visit during the second trimester of pregnancy. Purpose of the visit is to identify and correct periodontal disease which lead to low birth weight deliveries and other health consequences for the mother and her young child.

DEFINITION

Numerator:

Number of pregnant women who received dental care.

Denominator:

Number of women surveyed.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Idaho's Pregnancy Risk Assessment Tracking System.

SIGNIFICANCE

Poor dental health has been found as a cause of low birth weight deliveries. By intervening during the second trimester, studies have shown improve birth weights. Low birth weight is associated with a number of health issues for young children. According to the 2001 PRATS survey, only 37.6 percent of all mothers went for dental care during pregnancy.

SP # 6

PERFORMANCE MEASURE:

Percent of Medicaid and SCHIP children who are fully immunized by age 2.

STATUS:

Active

GOAL

To improve immunization status of children in the state and protect them from vaccine preventable diseases.

DEFINITION

Numerator:

Number of Medicaid and SCHIP children who are fully immunized by age 2.

Denominator:

Number of Medicaid and SCHIP children enrolled that are two years of age.

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

14-24a.

Increase the proportion of young children who receive all vaccines that have been recommended for universal administration for at least 5 years.

DATA SOURCES AND DATA ISSUES

For the 4:3:1:3:3 series the HP2010 goal is 80% for children 19-35 months of age.

Medicaid and Immunization Program data

SIGNIFICANCE

Vaccines are among the greatest public health achievements of the 20th century. Immunizations can prevent disability and death from infectious diseases for individuals and can help control the spread of infections within communities. Idaho GPRA surveys over the past 4 years has shown lower immunization rates among children enrolled in Medicaid when compared to the statewide average among all children. By targeting our Medicaid population we focusing efforts on the highest risk population for health disparities.

SP # 7

PERFORMANCE MEASURE:

Percent of 9th – 12th grade students that are overweight.

STATUS:

Active

GOAL

Reduce the number of school age children who are overweight or obese.

DEFINITION

Numerator:

Number of 9th – 12th grade students overweight.

Denominator:

Number of 9th – 12th grade students surveyed.

Units: **Text:** 0

HEALTHY PEOPLE 2010 OBJECTIVE

19-3c.

Reduce the proportion of children and adolescents who are overweight or obese to 5%.

DATA SOURCES AND DATA ISSUES

Idaho Youth Risk Behavior Surveillance System.

SIGNIFICANCE

Overweight and obesity are major contributors to many preventable causes of death. On average, higher body weights are associated with higher death rates. The number of overweight children, adolescents, and adults has risen over the past four decades. Total costs (medical cost and lost productivity) attributable to obesity alone amounted to an estimated \$99 billion in 1995. Overweight and obesity substantially raise the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and certain types of cancers. Obese individuals also may suffer from social stigmatization, discrimination, and lowered self-esteem. During 1988–94, 11 percent of children and adolescents aged 6 to 19 years were overweight or obese According the 2003 Idaho YRBSS 7.4% of 9th – 12th grade students were reported as being overweight.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: ID

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	21.4	26.1	28.0	28.0	20.0
Numerator	99	129	145	153	111
Denominator	46,164	49,406	51,875	54,629	55,482
Is the Data Provisional or Final?				Final	Final

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2003
Field Note:
Medicaid data only.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

		<u>Annual Indicator Data</u>			
	2001	2002	2003	2004	2005
Annual Indicator	69.6	69.5	70.5	72.6	2.4
Numerator	14,162	14,804	15,706	16,985	574
Denominator	20,361	21,296	22,276	23,406	23,865
Is the Data Provisional or Final?				Final	Final

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2003

Field Note:

Data not available prior to 2001.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	47.8	54.0	42.9	42.0	1.3
Numerator	300	302	210	235	222
Denominator	627	559	490	559	16,834
Is the Data Provisional or Final?				Final	Final

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2003

Field Note:

Data prior to 2001 not available.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2001	2002	2003	2004	2005
Annual Indicator	<u>74.6</u>	<u>75.6</u>	<u>76.8</u>	<u>74.2</u>	<u></u>
Numerator	<u>14,147</u>	<u>15,187</u>	<u>15,955</u>	<u>15,814</u>	<u></u>
Denominator	<u>18,968</u>	<u>20,092</u>	<u>20,777</u>	<u>21,314</u>	<u></u>
Is the Data Provisional or Final?				Final	

Field Level Notes

- Section Number:** Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

- Section Number:** Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2004

Field Note:

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began data may have been estimated from mother's recollection or based on information in mother's medical record.

- Section Number:** Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2003

Field Note:

Data are for Idaho resident births and are based on records with known data for calculating the index.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	87.1	89.5	94.3	92.5	87.1
Numerator	113,555	127,524	142,394	150,105	128,422
Denominator	130,313	142,425	151,017	162,240	147,366
Is the Data Provisional or Final?				Final	Final

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2003

Field Note:

Data not available for 2003.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	44.2	45.3	48.0	49.2	51.0
Numerator	10,138	11,265	14,952	16,759	15,345
Denominator	22,918	24,864	31,177	34,068	30,069
Is the Data Provisional or Final?				Final	Final

Field Level Notes

None

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	2,873	2,726	3,077	1,949	3,244
Is the Data Provisional or Final?				Provisional	Final

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2005

Field Note:

All children who receive SSI in Idaho automatically qualify for a medical card through Idaho Medicaid. That is the payment source, rather than Title V, for all rehabilitative services needed.

Incidence data from SSA via Health & Ready to Work website:

www.hrtw.org

2. **Section Number:** Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2004

Field Note:

All children who receive SSI in Idaho automatically qualify for a medical card through Idaho Medicaid. Medicaid, rather than Title V, pays for all necessary rehabilitation services.

3. **Section Number:** Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2003

Field Note:

All youngsters who receive SSI in Idaho automatically qualify for a medical card through Idaho Medicaid. Medicaid, rather than Title V, pays for all rehabilitation services.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: ID

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2004	Payment source from birth certificate	<u>7.9</u>	<u>6</u>	<u>6.8</u>
b) <i>Infant deaths per 1,000 live births</i>	2004	Payment source from birth certificate	<u>6.5</u>	<u>5</u>	<u>6.2</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2004	Payment source from birth certificate	<u>61.5</u>	<u>77.8</u>	<u>71.9</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2004	Payment source from birth certificate	<u>66.7</u>	<u>78.5</u>	<u>74.2</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: ID

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2005	<u>133</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>18</u>) (Age range <u>19</u> to <u>19</u>)	2005	<u>133</u> <u>133</u> <u>100</u>
c) <i>Pregnant Women</i>	2005	<u>133</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: ID

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2005	<u>150</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>2</u>) (Age range <u>2</u> to <u>3</u>) (Age range <u>3</u> to <u>19</u>)	2005	<u>150</u> <u>150</u> <u>150</u>
c) <i>Pregnant Women</i>	2005	<u>133</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

None

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: ID

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: ID

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: ID

Form Level Notes for Form 11

Could not identify a source of data. Entered 999 so that the form would save.

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	6.4	6.2	6.5	6.8	
Numerator	1,333	1,289	1,415	1,538	
Denominator	20,686	20,954	21,780	22,522	
Is the Data Provisional or Final?				Final	

Field Level Notes

1. **Section Number:** Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

2. **Section Number:** Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2004

Field Note:

6.5 entered as a provisional estimate.

Data from Idaho birth certificate data available due to revisions in birth certificate for 2004. Data will be available September 2005.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	0.7	4.8	4.8	5.1	
Numerator	134	969	1,018	1,104	
Denominator	20,109	20,353	21,108	21,764	

Is the Data Provisional or Final?

Final

Field Level Notes**1. Section Number:** Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

2. Section Number: Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2004**Field Note:**

4.2 entered as provisional estimate.

Actual data from Idaho birth certificate data available due to revisions in birth certificate for 2004. Data will be available September 2005.

3. Section Number: Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2003**Field Note:**

Denominator is total live births - births with unknown birth weight.

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	1.0	1.0	1.0	1.2	
Numerator	200	201	228	261	
Denominator	20,686	20,954	21,780	22,522	

Is the Data Provisional or Final?

Final

Field Level Notes**1. Section Number:** Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

2. Section Number: Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2004**Field Note:**

2004 annual indicator entered as provisional estimate. Data not available.

3. Section Number: Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2003**Field Note:**

Denominator is total live births - births with unknown birth weight.

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		<u>Annual Indicator Data</u>			
	2001	2002	2003	2004	2005
Annual Indicator		0.7	0.7	0.9	
Numerator		147	142	186	
Denominator		20,353	21,108	21,764	
Is the Data Provisional or Final?				Final	

Field Level Notes**1. Section Number:** Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

2. Section Number: Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2004**Field Note:**

2004 indicator entered as a provisional estimate. 2004 data not available.

3. Section Number: Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2003**Field Note:**

The denominator for indicators with birth weight is total live births - births with unknown birth weight.

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	14.9	10.8	10.7	13.0	
Numerator	46	33	33	40	
Denominator	309,622	305,614	307,803	308,270	
Is the Data Provisional or Final?				Final	

Field Level Notes**1. Section Number:** Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

2. Section Number: Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2004

Field Note:

2004 Indicator provisional estimate.

Idaho mortality database not finalized because not all out of state deaths certificates have been received. Data will be available September 2005.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	5.5	5.6	6.8	5.5	4.9
Numerator	17	17	21	17	15
Denominator	309,622	305,614	307,803	308,270	308,270
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

2. Section Number: Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2004**Field Note:**

2004 Indicator provisional estimate.

Idaho mortality database not finalized because not all out of state deaths certificates have been received. Data will be available September 2005.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<u>Annual Indicator Data</u>				
	2001	2002	2003	2004	2005
Annual Indicator	38.3	33.2	32.7	25.4	
Numerator	80	71	71	56	
Denominator	208,765	213,861	217,325	220,875	
Is the Data Provisional or Final?				Final	

Field Level Notes**1. Section Number:** Health Status Indicator #03C**Field Name:** HSI03C**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

2. Section Number: Health Status Indicator #03C**Field Name:** HSI03C**Row Name:****Column Name:****Year:** 2004**Field Note:**

2004 Indicator provisional estimate.

Idaho mortality database not finalized because not all out of state deaths certificates have been received. Data will be available September 2005.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

Annual Indicator Data					
	2001	2002	2003	2004	2005
Annual Indicator				999	999
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2005**Field Note:**

Could not identify a source of data.

Entered 999 so that the form would save.

2. Section Number: Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2004**Field Note:**

Could not identify a source of data.

Entered 999 so that the form would save.

3. Section Number: Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2003**Field Note:**

Could not identify a source of data.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

		<u>Annual Indicator Data</u>			
	2001	2002	2003	2004	2005
Annual Indicator			477.3	448.6	407.1
Numerator			1,469	1,383	1,257
Denominator			307,803	308,270	308,738
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #04B**Field Name:** HSI04B**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 Denominator is an estimate.

Population by age releases September 2006.

2. Section Number: Health Status Indicator #04B**Field Name:** HSI04B**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data source not identified for 2004.

Entered a 999 to save the data; this is not an actual indicator.

3. Section Number: Health Status Indicator #04B**Field Name:** HSI04B**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data source not identified for 2003.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

		<u>Annual Indicator Data</u>			
	2001	2002	2003	2004	2005
Annual Indicator			2,245.9	2,148.1	2,053.5
Numerator			4,881	4,757	4,634
Denominator			217,325	221,454	225,662
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #04C**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 Denominator is an estimate.

Population by age will release in September 2006.

2. Section Number: Health Status Indicator #04C**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data source not identified.

Entered 999 so that the form would save; it is not meant as an indicator.

3. Section Number: Health Status Indicator #04C**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data source not identified.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

		<u>Annual Indicator Data</u>			
	2001	2002	2003	2004	2005
Annual Indicator		13.3	17.6	14.2	14.5
Numerator		709	931	752	771
Denominator		53,240	52,842	53,054	53,054
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

		Annual Indicator Data			
	2001	2002	2003	2004	2005
Annual Indicator		6.6	4.3	5.7	5.7
Numerator		1,522	1,016	1,364	1,349
Denominator		230,878	234,093	238,590	238,590
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

None

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	21,032	20,258	173	375	226	0	0	0
Children 1 through 4	82,450	79,316	776	1,424	934	0	0	0
Children 5 through 9	99,848	95,357	1,359	1,957	1,175	0	0	0
Children 10 through 14	104,940	100,572	1,100	2,116	1,152	0	0	0
Children 15 through 19	108,840	104,501	953	2,138	1,248	0	0	0
Children 20 through 24	112,035	107,395	1,152	1,905	1,583	0	0	0
Children 0 through 24	529,145	507,399	5,513	9,915	6,318	0	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	18,110	2,922	0
Children 1 through 4	70,965	11,485	0
Children 5 through 9	85,931	13,917	0
Children 10 through 14	91,934	13,006	0
Children 15 through 19	97,324	11,516	0
Children 20 through 24	99,174	12,861	0
Children 0 through 24	463,438	65,707	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	14	11	0	1	0	0	0	2
Women 15 through 17	525	454	2	14	4	0	0	51
Women 18 through 19	1,533	1,391	6	39	9	0	0	88
Women 20 through 34	18,265	16,921	82	296	233	0	4	729
Women 35 or older	2,191	2,018	11	22	48	0	1	91
Women of all ages	22,528	20,795	101	372	294	0	5	961

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	5	9	0
Women 15 through 17	330	187	8
Women 18 through 19	1,191	327	15
Women 20 through 34	15,593	2,436	236
Women 35 or older	1,889	271	31
Women of all ages	19,008	3,230	290

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	139	127	1	5	0	0	0	6
Children 1 through 4	37	34	2	0	1	0	0	0
Children 5 through 9	15	13	0	0	0	0	0	2
Children 10 through 14	24	23	0	0	0	0	0	1
Children 15 through 19	74	69	1	2	0	0	0	2
Children 20 through 24	92	77	1	4	3	0	0	7
Children 0 through 24	381	343	5	11	4	0	0	18

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	117	22	0
Children 1 through 4	33	4	0
Children 5 through 9	13	2	0
Children 10 through 14	22	2	0
Children 15 through 19	68	6	0
Children 20 through 24	79	13	0
Children 0 through 24	332	49	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	417,110	400,004.0	4,361.0	8,010.0	4,735.0	0	0	0	2004
Percent in household headed by single parent	31.0	0	0	0	0	0	0	0	2004
Percent in TANF (Grant) families	0.7	0.6	1.9	1.6	0.1	0	0	0	2005
Number enrolled in Medicaid	147,092	141,081.0	1,722.0	3,510.0	779.0	0	0	0	2005
Number enrolled in SCHIP	19,177	18,642.0	115.0	304.0	85.0	0	0	31.0	2005
Number living in foster home care	1,778	1,657.0	19.0	77.0	7.0	18.0	0	0	2005
Number enrolled in food stamp program	50,896	48,249.0	749.0	1,507.0	289.0	102.0	0	0	2005
Number enrolled in WIC	0	0	0	0	0	0	0	0	2004
Rate (per 100,000) of juvenile crime arrests	4,496.9	0	0	0	0	0	0	0	2004
Percentage of high school drop-outs (grade 9 through 12)	3.1	0	0	0	0	0	0	0	2004

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	364,264.0	52,846.0	0	2004
Percent in household headed by single parent	0	0	0	2004
Percent in TANF (Grant) families	0.6	0.9	0	2005
Number enrolled in Medicaid	142,458.0	4,908.0	0	2005
Number enrolled in SCHIP	18,905.0	272.0	0	2005
Number living in foster home care	1,540.0	238.0	0	2005
Number enrolled in food stamp program	43,869.0	6,457.0	0	2005
Number enrolled in WIC	29,083.0	10,921.0	0	2004
Rate (per 100,000) of juvenile crime arrests	0	0	0	2004
Percentage of high school drop-outs (grade 9 through 12)	2.7	6.8	0	2004

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	282,550
Living in rural areas	105,720
Living in frontier areas	28,840
Total - all children 0 through 19	417,110

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	1,393,262.0
Percent Below: 50% of poverty	0
100% of poverty	9.9
200% of poverty	32.7

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	372,411.0
Percent Below: 50% of poverty	0
100% of poverty	12.5
200% of poverty	42.2

FORM NOTES FOR FORM 21

Asian and Pacific Islander categories have been combined.
2004: There was one birth in 2004 where mother's age, race and ethnicity was unknown.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2007
Field Note:
Data not available by race.
2. **Section Number:** Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2007
Field Note:
Total of races exceeds actual total due to multiple races indicated.
3. **Section Number:** Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2007
Field Note:
The way the data are collected precludes using this form to present the data. The total number enrolled is 40,004. However, WIC data only break out the races as Non-Hispanic. Therefore a total on this form would not include people of Hispanic origin.
4. **Section Number:** Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2007
Field Note:
2004 juvenile crime arrests not available by race.
5. **Section Number:** Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2007
Field Note:
2004 dropout rate not available by race.
6. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2007
Field Note:
Data not available by ethnicity.
7. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2007
Field Note:
2004 juvenile crime not available by ethnicity.
8. **Section Number:** Indicator 11
Field Name: S11_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2007
Field Note:
2004 data not available for below 50%.
9. **Section Number:** Indicator 12
Field Name: S12_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2007
Field Note:
Data not available for poverty level below 50%.
10. **Section Number:** Indicator 09A
Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2007
Field Note:
Information was obtained from Facts, Figures and Trends. On any given day, the number of children in foster care changes. This is an average of the number enrolled in our foster care program.
11. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2007
Field Note:
This is an average number of children enrolled in the foster care programs, as the number of children in foster care changes daily.